

School Year 2015-16
Child Nutrition Contact Information Page
(Must be attached to Policy Statement)

School District: _____

LEA #: _____

Superintendent: _____

Emergency Number* _____

Child Nutrition Director: _____

Emergency Number* _____

* For use in case of emergency food recall

<p style="text-align: center;">Determining Official</p> <p>Position Title: _____</p> <p>How many Determining Officials approve meal applications in the district? _____</p>		<p style="text-align: center;">District Foster Care Liaison</p> <p>Name: _____</p> <p>Email: _____</p> <p>Phone: _____</p>
<p style="text-align: center;">Confirming Official</p> <p>(Confirming Official CANNOT be the same person as the Determining Official and/or Hearing Official)</p> <p>Position Title: _____</p>		<p style="text-align: center;">District ACSIP Coordinator</p> <p>Name: _____</p> <p>Email: _____</p> <p>Phone: _____</p>
<p style="text-align: center;">Verifying Official</p> <p>Position Title: _____</p> <p>Location of approved applications during the school year? (Superintendent's office, CN Director's office, etc.)</p> <p>_____</p>		<p style="text-align: center;">District Technology Coordinator</p> <p>(Person responsible for submission of District Cycle 2 Report – this is not the Child Nutrition Director)</p> <p>Name: _____</p> <p>Email: _____</p> <p>Phone: _____</p>
<p style="text-align: center;">Hearing Official</p> <p>(Hearing Official CANNOT be the same person as the Determining Official)</p> <p>Name: _____</p> <p>Position Title: _____</p>		<p style="text-align: center;">Authorized Purchasing Agent</p> <p>(Responsible as the Authorized Purchasing Agent(s) for the Non-Profit Child Nutrition Account)</p> <p>Position Title: _____</p> <p>Position Title: _____</p>
<p style="text-align: center;">District Migrant Coordinator</p> <p>Name: _____</p> <p>Email: _____</p> <p>Phone: _____</p>		<p style="text-align: center;">On-Site Reviewer</p> <p>(Person responsible for completion of On-Site Review at all serving sites prior to February 1 each school year)</p> <p>Name: _____</p> <p>Position Title: _____</p>
<p style="text-align: center;">Direct Certification Contact</p> <p>(Person responsible to received e-mail notifications regarding Direct Certification and ensuring the students on the Direct Certification list receive free meal benefits)</p> <p>Name: _____</p> <p>Email: _____</p> <p>Phone: _____</p>		<p style="text-align: center;">Emergency Contact Information</p> <p>(This information is being collected and will be used only in the event of an emergency such as a food recall that involves products used by schools, i.e.: botulism in canned products during a time that school is not in session i.e.: winter break)</p> <p>Name: _____</p> <p>Email: _____</p> <p>Phone: _____</p>
<p style="text-align: center;">District Homeless Liaison</p> <p>Name: _____</p> <p>Email: _____</p> <p>Phone: _____</p>		<p style="text-align: center;">District eSchool Enrollment Account Manager</p> <p>(Person responsible to ensure that student meal eligibility has been changed to "03 or paid" status at end of school year roll over)</p> <p>Name: _____</p> <p>Email: _____</p> <p>Phone: _____</p>